

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-041299

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 391 Primary Registration District No. 6153 Registrar's No. 28

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 1030  
2 1030  
3 1  
4 0  
5 1  
6  
7 0  
8 2  
9 420.1  
10  
11  
12 90-2  
13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH  
a. COUNTY Stoddard

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Pike Township Length of stay in lb 15 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION R# 2, Advance, Mo. Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Stoddard

c. CITY OR TOWN Advance, Inside Limits Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location) R# 2, Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Herbert Middle Lee Last Bandy 4. DATE OF DEATH Month Oct. Day 25, Year 1962

5. SEX Male 6. COLOR OR RACE white 7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐ 8. DATE OF BIRTH 4-19-14 9. AGE (last birthday) 48 IF UNDER 1 YEAR Months 6 Days 6 Hours --- Min. ---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 10b. KIND OF BUSINESS OR INDUSTRY Farm 11. BIRTHPLACE (City and state or country) Hornersville, Mo. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Edgar Ancel Bandy 13b. MOTHER'S MAIDEN NAME Mary Wood 14. NAME OF HUSBAND OR WIFE Alice L. Bandy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and dates of service) Yes WW 2 16. SOCIAL SECURITY NO. [REDACTED] 17. INFORMANT Address R# 2, Alice L. Bandy, Advance, Mo.

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) SHOCK INTERVAL BETWEEN ONSET AND DEATH 3 MIN

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CIRCULATORY FAILURE 3 MIN.

DUE TO (c) CORONARY THROMBOSIS 3 MIN.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) NONE PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour --- a.m. --- p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION Advance, Missouri COUNTY Stoddard STATE Mo.

21. I attended the deceased from JULY 58 to 10-25-62 and last saw him alive on 10-20-62 Death occurred at 10:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. A. Masters D.O. 22b. ADDRESS Advance, Missouri 22c. DATE SIGNED 10-26-62

23. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 10/28/62 23c. NAME OF CEMETERY OR CREMATORY Morgan 23d. LOCATION (City, town, or county) Advance, Mo.

24. FUNERAL DIRECTOR ADDRESS Wm. H. Morgan, Advance, Mo. 25. DATE RECD. BY LOCAL REG. 10/27/62 26. REGISTRAR'S SIGNATURE Bernice Moore

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

NOV 14 1962  
FEB 7 1963

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.